

SERFF Tracking Number:	CHUB-125551963	State:	Arkansas
First Filing Company:	Chubb Indemnity Insurance Company, ...	State Tracking Number:	#00369160 \$50
Company Tracking Number:	08-C-1-F		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0000 WC Sub-TOI Combinations
Product Name:	Workers' Compensation		
Project Name/Number:	TRIPRA/08-C-1-F		

## Filing at a Glance

Companies: Chubb Indemnity Insurance Company, Federal Insurance Company, Great Northern Insurance Company, Pacific Indemnity Company, Vigilant Insurance Company

Product Name: Workers' Compensation	SERFF Tr Num: CHUB-125551963	State: Arkansas
TOI: 16.0 Workers Compensation	SERFF Status: Closed	State Tr Num: #00369160 \$50
Sub-TOI: 16.0000 WC Sub-TOI Combinations	Co Tr Num: 08-C-1-F	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
	Author: Jade McDermott	Disposition Date: 03/18/2008
	Date Submitted: 03/17/2008	Disposition Status: Approved
Effective Date Requested (New): 12/26/2007		Effective Date (New): 12/26/2007
Effective Date Requested (Renewal): 12/26/2007		Effective Date (Renewal):
State Filing Description:		

## General Information

Project Name: TRIPRA	Status of Filing in Domicile: Not Filed
Project Number: 08-C-1-F	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 03/18/2008	
State Status Changed: 03/18/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

We are submitting the following Terrorism Important Notice form for informational purposes:

Form 99-10-0732 (Rev. 12-07) – Important Notice to Policyholders Terrorism Risk Insurance Act

This information is being filed in accordance with the provisions of the Federal Terrorism Risk Insurance Program Reauthorization Act of 2007 (TRIPRA).

SERFF Tracking Number:	CHUB-125551963	State:	Arkansas
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Project Name/Number:	TRIPRA/08-C-I-F		

In accordance with the provisions of TRIPRA, this form is effective December 26, 2007. Your acknowledgment will be appreciated.

## Company and Contact

### Filing Contact Information

John J. Zanzalari, Vice-President	jzanzalari@chubb.com
202 Hall's Mill Road	(908) 572-4726 [Phone]
Whitehouse Station, NJ 08889-1650	(908) 572-4820[FAX]

### Filing Company Information

Chubb Indemnity Insurance Company	CoCode: 12777	State of Domicile: New York
202 Hall's Mill Road	Group Code: 38	Company Type:
P.O. Box 1650		
Whitehouse Station, NJ 08889-1650	Group Name:	State ID Number:
(908) 572-4726 ext. [Phone]	FEIN Number: 22-3291862	
	-----	
Federal Insurance Company	CoCode: 20281	State of Domicile: Indiana
202 Hall's Mill Road	Group Code: 38	Company Type:
P.O. Box 1650		
Whitehouse Station, NJ 08889-1650	Group Name:	State ID Number:
(908) 572-4726 ext. [Phone]	FEIN Number: 13-1963496	
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Great Northern Insurance Company	CoCode: 20303	State of Domicile: Indiana
202 Hall's Mill Road	Group Code: 38	Company Type:
P.O. Box 1650		
Whitehouse Station, NJ 08889-1650	Group Name:	State ID Number:
(908) 572-4726 ext. [Phone]	FEIN Number: 41-0729473	
	-----	
Pacific Indemnity Company	CoCode: 20346	State of Domicile: Wisconsin
202 Hall's Mill Road	Group Code: 38	Company Type:
P.O. Box 1650		
Whitehouse Station, NJ 08889-1650	Group Name:	State ID Number:

<i>SERFF Tracking Number:</i>	<i>CHUB-125551963</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Workers' Compensation</i>		
<i>Project Name/Number:</i>	<i>TRIPRA/08-C-I-F</i>		

(908) 572-4726 ext. [Phone]

FEIN Number: 95-1078160

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Vigilant Insurance Company

CoCode: 20397

State of Domicile: New York

202 Hall's Mill Road

Group Code: 38

Company Type:

P.O. Box 1650

Whitehouse Station, NJ 08889-1650

Group Name:

State ID Number:

(908) 572-4726 ext. [Phone]

FEIN Number: 13-1963495

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SERFF Tracking Number: CHUB-125551963 State: Arkansas

First Filing Company: Chubb Indemnity Insurance Company, ... State Tracking Number: #00369160 \$50

Company Tracking Number: 08-C-I-F

TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations

Product Name: Workers' Compensation

Project Name/Number: TRIPRA/08-C-I-F

## Filing Fees

Fee Required? Yes

Fee Amount: \$50.00

Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Chubb Indemnity Insurance Company	\$0.00	03/17/2008	
Federal Insurance Company	\$0.00	03/17/2008	
Great Northern Insurance Company	\$0.00	03/17/2008	
Pacific Indemnity Company	\$0.00	03/17/2008	
Vigilant Insurance Company	\$0.00	03/17/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
00369160	\$50.00	03/03/2008

<i>SERFF Tracking Number:</i>	<i>CHUB-125551963</i>	<i>State:</i>	<i>Arkansas</i>
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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Carol Stiffler	03/18/2008	03/18/2008

<i>SERFF Tracking Number:</i>	<i>CHUB-125551963</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>TRIPRA/08-C-I-F</i>		

## Disposition

Disposition Date: 03/18/2008  
Effective Date (New): 12/26/2007  
Effective Date (Renewal):  
Status: Approved  
Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Product Name:	Workers' Compensation		
Project Name/Number:	TRIPRA/08-C-1-F		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Impotant Notice to Policyholders	Approved	Yes
	Terrorism Risk Insurance Act		

SERFF Tracking Number: CHUB-125551963 State: Arkansas

First Filing Company: Chubb Indemnity Insurance Company, ... State Tracking Number: #00369160 \$50

Company Tracking Number: 08-C-I-F

TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations

Product Name: Workers' Compensation

Project Name/Number: TRIPRA/08-C-I-F

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Impotant Notice to Policyholders Terrorism Risk Insurance Act	99-10-0732	(Rev. 12-07)	Disclosure/ New Notice		0.00	Form 99-10-0732.pdf





## **IMPORTANT NOTICE TO POLICYHOLDERS**

### **TERRORISM RISK INSURANCE ACT**

This Important Notice is being provided with your policy to further satisfy the disclosure requirements of the Terrorism Risk Insurance Act.

At the time you received the written offer for this policy, we provided you with an Important Notice to Policyholders indicating that the insurance provided in your policy for losses caused by certain acts of terrorism (as defined in the Terrorism Risk Insurance Act) would be partially reimbursed by the United States of America, pursuant to the formula set forth in the Terrorism Risk Insurance Act. In addition, as required by the Terrorism Risk Insurance Act, we:

- indicated that we would make available insurance for such losses in the same manner as we provide insurance for other types of losses;
- specified the premium we would charge, if any, for providing such insurance; and
- except to the extent prohibited by law, gave you the opportunity to reject such insurance and have a terrorism exclusion, sublimit or other limitation included in your policy.

This Important Notice refers back to that Important Notice and provides information about your decision and the manner in which your policy has been subsequently modified.

If:

- You rejected terrorism insurance under the Terrorism Risk Insurance Act, your policy includes the appropriate amendatory endorsement(s).
- You did not reject terrorism insurance under the Terrorism Risk Insurance Act, the premium charged for your policy, including that portion applicable to terrorism insurance under the Terrorism Risk Insurance Act, is shown in your policy. To the extent your policy includes a limitation on terrorism insurance, it has been modified so that such limitation does not apply to terrorism insurance under the Terrorism Risk Insurance Act.

Please carefully review your policy and the Important Notice previously provided to you for further details. Please remember that only the terms of your policy establish the scope of your insurance protection.

**Please note that if your policy:**

- ***provides commercial property insurance in a jurisdiction that has a statutory standard fire policy, the premium we charge for terrorism insurance under the Terrorism Risk Insurance Act, includes an amount attributable to the insurance provided pursuant to that standard fire policy. Rejection of such statutory insurance is legally prohibited.***
- ***is a workers compensation policy, rejection of insurance for terrorism is legally prohibited.***

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31), the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

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<i>Product Name:</i>	<i>Workers' Compensation</i>		
<i>Project Name/Number:</i>	<i>TRIPRA/08-C-1-F</i>		

## **Rate Information**

Rate data does NOT apply to filing.

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<i>Project Name/Number:</i>	<i>TRIPRA/08-C-1-F</i>		

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document- Property & Casualty	<b>Review Status:</b> Approved	03/18/2008
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### Comments:

### Attachments:

Arkansas Transmittal Form.pdf

Arkansas Form Filing Schedule.pdf

# Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

<b>3. Group Name</b>	<b>Group NAIC #</b>
Chubb Group of Insurance Companies	038

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Federal Insurance Company	Indiana	20281	13-1963496	
Vigilant Insurance Company	New York	20397	13-1963495	
Great Northern Insurance Company	Indiana	20303	41-0729473	
Pacific Indemnity Company	Wisconsin	20346	95-1078160	
Chubb Indemnity Insurance Company	New York	12777	22-3291862	

<b>5. Company Tracking Number</b>	<b>08-C-1-F</b>
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	John J. Zanzalari 202 Hall's Mill Road PO Box 1650 Whitehouse Station, NJ 08889-1650	Vice President	(908) 572-4726	(908) 572-4820	jzanzalari@chubb.com
7.	Signature of authorized filer		<i>John J. Zanzalari</i>		
8.	Please print name of authorized filer		John J. Zanzalari		

**Filing information** (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	16 Workers' Compensation
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	
<b>11. State Specific Product code(s) (if applicable)[See State Specific Requirements]</b>	
<b>12. Company Program Title</b> (Marketing title)	TRIPRA
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14. Effective Date(s) Requested</b>	New: 12/26/07                      Renewal: 12/26/07
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<b>16. Reference Organization</b> (if applicable)	
<b>17. Reference Organization # &amp; Title</b>	
<b>18. Company's Date of Filing</b>	3/17/08
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

### Property & Casualty Transmittal Document—

<b>20. This filing transmittal is part of Company Tracking #</b>	08-C-1-F
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<b>21. Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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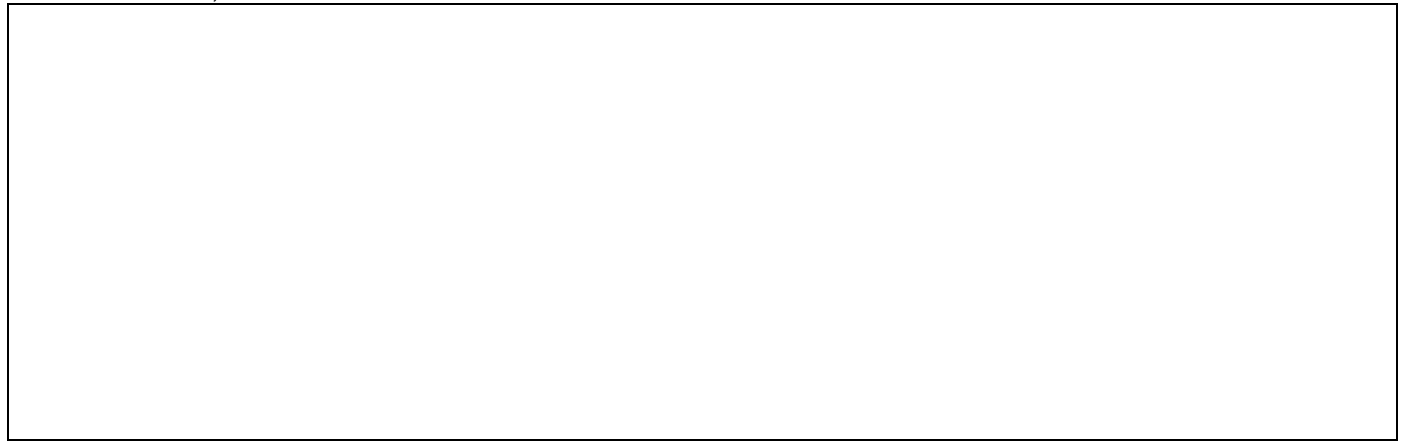
The purpose of this filing is to submit the following Important Notice to Policyholder for informational purposes:

Form 99-10-0732 (Rev. 12-07) Important Notice to Policyholders – Terrorism Risk Insurance Act

This information is being filed in accordance with the provisions of the Federal Terrorism Risk Insurance Program Reauthorization Act of 2007 (TRIPRA).

In accordance with the provisions of TRIPRA, this form is effective December 26, 2007. Your acknowledgment will be appreciated.

<b>22. Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p><b>Check #:</b> 00369160  <b>Amount:</b> \$50.00</p> <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>



**\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

**FORM FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes forms)  
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>		<b>08-C-1-F</b>		
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)		<b>Not Applicable</b>		
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement or Withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Important Notice to Policyholders - Terrorism Risk Insurance Act	99-10-0732 (Rev. 12-07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		